

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)

10/552605

INTERNATIONAL APPLICATION NO.  
PCT/IB2004/001029INTERNATIONAL FILING DATE  
5 April 2004

PRIORITY DATE CLAIMED

7 April 2003

## TITLE OF INVENTION

DEVICE AND METHOD FOR DELIVERING A LUBRICATING AND/OR COOLING FLUID IN MACHINING

## APPLICANT(S) FOR DO/EO/US

PIANA ET AL.

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1.  This is a **FIRST** submission of items concerning a submission under 35 U.S.C. 371.
2.  This is a **SECOND** or **SUBSEQUENT** submission of items concerning a submission under 35 U.S.C. 371.
3.  This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.
4.  The U.S. has been elected (Article 31).
5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)).
  - a.  is attached hereto (24 pages specification, claims & abstract (16 claims), 1 sheets drawings).
  - b.  has been communicated by the International Bureau.
  - c.  is not required, as the application was filed in the United States Receiving Office (RO/US).
6.  An English language translation of the International Application as filed (35 U.S.C. 371(c)(3))
  - a.  is attached hereto (      pages specification, claims & abstract (      claims),      sheets drawings,      page Certificate of Translation).
  - b.  has been previously submitted under 35 U.S.C. 154(d)(4).
7.  Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a.  are attached hereto (required only if not communicated by the International Bureau).
  - b.  have been communicated by the International Bureau.
  - c.  have not been made; however, the time limit for making such amendments has **NOT** expired.
  - d.  have not been made and will not be made.
8.  An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. a.  An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).  
b.  Declaration was submitted to the International Bureau during International Phase (see copies of Declaration (      page Form PCT/RO/101 and Form PCT/IB/371 and first page of printed publication acknowledging receipt thereof attached).
10.  An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

## Items 11 To 20 below concern document(s) or information included:

11.  An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.
12.  An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.
13. a.  A **FIRST** preliminary amendment.  
b.  A **SECOND** or **SUBSEQUENT** preliminary amendment.
14.  An Application Data Sheet under 37 C.F.R. § 1.76.
15.  A substitute specification.
16.  A change of power of attorney and/or address letter.
17.  A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.
18.  A second copy of the published international application under 35 U.S.C. 154(d)(4).
19.  A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20.  Other items or information. PCT/IB/304 (1 page); PCT/IB/308 (first and second notices -- 2 pages)

JC09 Rec'd PCT/PTO 05 OCT 2005

| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.1)   |                                 | INTERNATIONAL APPLICATION NO.   |                                | ATTORNEY'S DOCKET NUMBER |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
|--|---------------------------------|---|--------------------------------|--------------------------|---------------------------------|--|---------------------------------|---|---|------------------|--|---|---------------------------------|--------------|--|------------------|-----------|-----------------|--------------------------|--------------------|--|---------------------------|-----------|-----|---------------------------------|-----------------|--|--|--|--|--|---------------------------------|-----------|--|--|
| 10/552605<br>Unknown   |                                 | PCT/IB2004/001029   |                                | 3687-131                 |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5):</b>   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <table border="1"> <tr> <td>21. <input checked="" type="checkbox"/> Basic national fee .....</td> <td>\$300.00 (1631)/\$150.00 (2631)</td> <td>\$ 150.00</td> </tr> <tr> <td>22. <input checked="" type="checkbox"/> Examination Fee .....</td> <td>\$ 0 (1643/2643)</td> <td></td> </tr> <tr> <td></td> <td>\$200.00 (1633)/\$100.00 (2633)</td> <td></td> </tr> <tr> <td>23. <input checked="" type="checkbox"/> Search Fee .....</td> <td>\$ 0 (1640/2640)</td> <td>\$ 100.00</td> </tr> <tr> <td></td> <td>\$100 (1641)/\$50 (2641)</td> <td></td> </tr> <tr> <td></td> <td>\$400 (1642)/\$200 (2642)</td> <td></td> </tr> <tr> <td></td> <td>\$500.00 (1632)/\$250.00 (2632)</td> <td>\$ 200.00</td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS</b></td> </tr> <tr> <td colspan="3"></td> <td>\$ 450.00</td> <td colspan="2"></td> </tr> </table>                               |                                 |   |                                |                          |                                 | 21. <input checked="" type="checkbox"/> Basic national fee ..... | \$300.00 (1631)/\$150.00 (2631) | \$ 150.00   | 22. <input checked="" type="checkbox"/> Examination Fee ..... | \$ 0 (1643/2643) |  |   | \$200.00 (1633)/\$100.00 (2633) |              | 23. <input checked="" type="checkbox"/> Search Fee ..... | \$ 0 (1640/2640) | \$ 100.00 |                 | \$100 (1641)/\$50 (2641) |                    |  | \$400 (1642)/\$200 (2642) |           |     | \$500.00 (1632)/\$250.00 (2632) | \$ 200.00       | <b>TOTAL OF ABOVE CALCULATIONS</b>           |  |  |  |  |                                 | \$ 450.00 |  |  |
| 21. <input checked="" type="checkbox"/> Basic national fee .....   | \$300.00 (1631)/\$150.00 (2631) | \$ 150.00   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| 22. <input checked="" type="checkbox"/> Examination Fee .....  | \$ 0 (1643/2643)                |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
|  | \$200.00 (1633)/\$100.00 (2633) |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| 23. <input checked="" type="checkbox"/> Search Fee .....   | \$ 0 (1640/2640)                | \$ 100.00   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
|  | \$100 (1641)/\$50 (2641)        |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
|  | \$400 (1642)/\$200 (2642)       |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
|  | \$500.00 (1632)/\$250.00 (2632) | \$ 200.00   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS</b>   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
|  |                                 |   | \$ 450.00                      |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <table border="1"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof (round up to a whole number)</th> <th colspan="3">RATE</th> </tr> <tr> <td>0</td> <td>-100</td> <td>0 /50 = 0.00</td> <td colspan="3">\$0.00 (1681)<br/>\$0.00 (2681)</td> </tr> </table>   |                                 |   |                                |                          |                                 | Total Sheets   | Extra Sheets                    | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE  |                  |  | 0 | -100                            | 0 /50 = 0.00 | \$0.00 (1681)<br>\$0.00 (2681)                           |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Total Sheets   | Extra Sheets                    | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                           |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| 0  | -100                            | 0 /50 = 0.00  | \$0.00 (1681)<br>\$0.00 (2681) |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Surcharge of \$130.00 (1617)/\$65.00 (2617) for furnishing the oath or declaration later than <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).  |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <table border="1"> <tr> <th colspan="2">CLAIMS</th> <th>NUMBER FILED</th> <th># EXTRA</th> <th colspan="3">RATE</th> </tr> <tr> <td colspan="2">Total Claims</td> <td>16</td> <td>minus 20<br/>=</td> <td>0 X</td> <td>\$50.00 (1615)/</td> <td>\$25.00 (2615)</td> </tr> <tr> <td colspan="2">Independent Claims</td> <td>2</td> <td>minus 3 =</td> <td>0 X</td> <td>\$200.00 (1614)</td> <td>\$100.00 (2614)</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIMS(S) (if applicable)</td> <td></td> <td></td> <td></td> <td>\$360.00 (1616)/\$180.00 (2616)</td> <td>\$ 0.00</td> </tr> </table>  |                                 |   |                                |                          |                                 | CLAIMS   |                                 | NUMBER FILED  | # EXTRA   | RATE             |  |   | Total Claims                    |              | 16   | minus 20<br>=    | 0 X       | \$50.00 (1615)/ | \$25.00 (2615)           | Independent Claims |  | 2                         | minus 3 = | 0 X | \$200.00 (1614)                 | \$100.00 (2614) | MULTIPLE DEPENDENT CLAIMS(S) (if applicable) |  |  |  |  | \$360.00 (1616)/\$180.00 (2616) | \$ 0.00   |  |  |
| CLAIMS   |                                 | NUMBER FILED  | # EXTRA                        | RATE                     |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Total Claims   |                                 | 16  | minus 20<br>=                  | 0 X                      | \$50.00 (1615)/                 | \$25.00 (2615)   |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Independent Claims   |                                 | 2   | minus 3 =                      | 0 X                      | \$200.00 (1614)                 | \$100.00 (2614)  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable)   |                                 |   |                                |                          | \$360.00 (1616)/\$180.00 (2616) | \$ 0.00  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s): One Month Extension \$120.00 (1251)/\$60.00 (2251); Two Month Extensions \$450.00 (1252)/\$225.00 (2252); Three Month Extensions \$1020.00 (1253)/\$510.00 (2253); Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Processing fee of \$130.00 (1618), for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)). + 0.00   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <b>TOTAL NATIONAL FEE = \$ 515.00</b>  |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 (8021) per property + 0.00   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Fee for Petition to Revive Unintentionally Abandoned Application; \$1500.00 (1453) / \$750.00 (2453) + 0.00  |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <b>TOTAL FEES ENCLOSED = \$ 515.00</b>   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Amount to be refunded: \$ <span style="float: right;">\$</span>  |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Amount to be Charged: \$ <span style="float: right;">\$</span>   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| a. <input type="checkbox"/> A check in the amount of \$515.00 to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. 14-1140 in the amount of \$ <u>      </u> to cover the above fees.<br>A duplicate copy of this form is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A <u>duplicate</u> copy of this form is enclosed.<br>d. <input checked="" type="checkbox"/> <b>CREDIT CARD PAYMENT FORM ATTACHED.</b><br>e. <input checked="" type="checkbox"/> The entire content of International Application No. PCT/IB2004/001029 and any U.S. and foreign application(s) corresponding thereto, and ITMI2003A 000676, referred to in this application is/are hereby incorporated by reference in this application. |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b) must be filed and granted to restore the application to pending status.   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <b>CORRESPONDENCE ADDRESS</b><br>Direct all correspondence to:   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <input checked="" type="checkbox"/> <b>Customer Number:</b> <span style="border: 1px solid black; padding: 2px 10px; display: inline-block;">23117</span><br>Type Customer Number here   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| <br>Arthur R. Crawford<br>NAME  |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| Telephone: (703) 816-4000<br>ARC:jsm   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |
| 25,327 <span style="float: right;">October 5, 2005</span><br>REGISTRATION NUMBER <span style="float: right;">Date</span>   |                                 |   |                                |                          |                                 |  |                                 |   |   |                  |  |   |                                 |              |  |                  |           |                 |                          |                    |  |                           |           |     |                                 |                 |  |  |  |  |  |                                 |           |  |  |

Telephone: (703) 816-4000  
ARC:ism

Type Customer Number here

**Arthur R. Crawford**  
**NAME**

**25,327**  
**REGISTRATION NUMBER**